



CASINO EMPLOYEE LICENSE RENEWAL APPLICATION

LICENSE

Licensed Position(s):

Date of Birth:

Sex: Maiden/Other Name:

<input type="checkbox"/> Yes, I am making corrections/additions below. (Type/Print)			
NAME:	Last	First	Middle
ADDRESS:	Street		
	City	State	Zip
POSITIONS:			
1. _____		2. _____	
3. _____		4. _____	
Date of Birth:	Month	Day	Year
FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> MAIDEN/OTHER NAME _____			

EXPIRATION date of your Employee License is

APPLICATION for Renewal must be submitted to the CASINO CONTROL COMMISSION BY:..... **5 MONTHS PRIOR TO EXPIRATION DATE**

****Failure to do so may result in the loss of your privilege to work in the Gaming Industry.****

YOUR RENEWAL FEE is:..... **\$250.00**

Make check payable to CASINO CONTROL FUND – DO NOT SEND CASH

INSTRUCTIONS

Read and answer each question carefully and completely. Leave no question unanswered. TYPE or PRINT (in ink) all entries except your signature.

Send the ORIGINAL and ONE (1) COPY of both this COMPLETED FORM and the RELEASE AUTHORIZATION to the Casino Control Commission. Please use the enclosed envelope.

1. Home Phone # (include area code) Work Phone # (include are code)

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2. Are you now employed?

☐ Yes ☐ No

If yes, please complete the following:

Name of Business	Address (Street, Ciity, State, Zip)	Name of Supervisor

3. Are you now or have you been employed by any Casino/Hotel or applicant for a Casino/Hotel license since you received your initial license or your license renewal?

☐ Yes ☐ No

If yes, please complete the following:

Name/Address of Casino/Hotel	From		To		Position(s) Held
	Month	Year	Month	Year	

(OVER)

4. Have you been reprimanded, suspended, terminated or asked to leave (for any reason) by an employer since you were initially licensed or since your last license renewal?

☐ Yes ☐ No If yes, please complete the following:

Name/Address of Employer	Nature of Action	Reason	Date

5. Have you had any license, work permit, or certificate to work in the casino gaming industry suspended, revoked, denied, or had any disciplinary action taken concerning it, in New Jersey or any other state or jurisdiction since you were initially licensed or since your last license renewal?

☐ Yes ☐ No If yes, please complete the following:

Nature of Action	Type of License, Permit Or Certificate	Gov't Agency Involved	Date of Action	Reason for Action

6. Have you been arrested, taken into custody, charged or indicted by any law enforcement authority for the alleged commission of a crime or other offense, including any high misdemeanor, felony, misdemeanor, or disorderly persons offense, in New Jersey or in any other state or jurisdiction since you were initially licensed or since your last license renewal?

☐ Yes ☐ No If yes, please complete the following:

Nature of Charge	Name and Address of Gov't Agency	Date of Charge	Disposition

7. Have you been convicted of a crime including a high misdemeanor, felony, misdemeanor, or disorderly persons offense in New Jersey or any other state or jurisdiction since you were initially licensed or since your last license renewal?

☐ Yes ☐ No If yes, please complete the following:

Nature of Charge	Name and Address of Court	Date of Disposition	Sentence

8. Have you been sued or named as a defendant or respondent (including matrimonial matters, negligence matters, contract matters, collection matters, debt matters, bankruptcies, etc.) in New Jersey or any state or jurisdiction since you were initially licensed or since your last license renewal?

☐ Yes ☐ No If yes, please complete the following:

Nature of Suit	Name and Address of Court	Date Filed	Names of Other Parties Involved	Disposition

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COMPLETE THIS SECTION AFTER ALL QUESTIONS HAVE BEEN ANSWERED.

This affidavit must be signed by you and notarized by a person authorized to administer oaths in the State of New Jersey.

I hereby swear (or affirm) that the above statements are true and correct to the best of my knowledge and belief that this statement is executed with the knowledge that any misrepresentation or failure to reveal information requested may be deemed sufficient for the denial of an application or the revocation of a license.

Further, I voluntarily submit this statement and understand that misleading statements may subject me to criminal or other sanctions or punishment.

Sworn and subscribed to before me
this _____ day of _____, 20_____
Notary Public _____

Applicant _____
Date _____

Please note that a valid notarization must contain a notary public's signature and either an embossed seal in which his/her name appear or his/her name stamped, typed, printed, or otherwise clearly and permanently affixed.

RELEASE AUTHORIZATION

NAME

LICENSE #

To All Courts, Probation Departments, Selective Service Boards, Employers, Educational Institutions, Banks Financial and Other Institutions, and All Governmental Agencies – federal, state and local, without exception, both foreign and domestic.

I have authorized the New Jersey Casino Control Commission and the New Jersey Division of Gaming Enforcement to conduct a full investigation into my background and activities.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by any employee or agent of the Division of Gaming Enforcement or the Casino Control Commission, provided that he or she certifies to you that I have an application pending before the Casino Control Commission or that I am presently a licensee, registrant or other person required to be qualified under the provisions of the Casino Control Act.

This authorization shall supersede and countermand any prior request or authorization to the contrary.

A photostatic copy of this authorization will be considered as effective and valid as the original.

DATED: _____ (LEGAL SIGNATURE)

(Signature of Applicant)

Subscribed and sworn to

before me this _____ day

of _____, 20_____.

NOTARY PUBLIC

SEAL OR AUTHORITY OF NOTARY

CASINO CONTROL COMMISSION
CASINO/KEY EMPLOYEE RENEWAL FINGERPRINT RECEIPTS

NAME:

DOB:

RENEWAL YEAR:

LICENSE #:

FINGERPRINT #:

**SOCIAL SECURITY #:

YOU MUST:

- CALL THE DIVISION OF GAMING ENFORCEMENT AT (609) 441-3050 TO SCHEDULE AN APPOINTMENT FOR FINGERPRINTING PRIOR TO SUBMITTING YOUR RENEWAL APPLICATION. **PLEASE CALL AT LEAST TWO WEEKS IN ADVANCE OF YOUR SUBMISSION DEADLINE.**
- BRING THIS FORM AND YOUR CURRENT EMPLOYEE LICENSE TO YOUR FINGERPRINT APPOINTMENT. IT WILL BE STAMPED TO VERIFY FINGERPRINTS HAVE BEEN TAKEN.
- ATTACH COPY OF THIS STAMPED RECEIPT CONFIRMING YOU HAVE BEEN FINGERPRINTED TO YOUR RENEWAL APPLICATION AT TIME OF SUBMISSION TO THE CASINO CONTROL COMMISSION.

FOR OFFICIAL USE ONLY

**In accordance with section 5 of the Privacy Act, 5 U.S.C. 522a, disclosure of your social security number is voluntary.

LICENSES CAN NOW BE MAILED

If you are employed at a licensed New Jersey casino (excluding Resorts) and hold a valid license/registration, your new credential may be obtained through the mail. Once you receive notification that the Commission has approved your license/registration, take your notification card and your current credential to your employer's licensing/personnel office. They will take a picture that you then drop off at the Commission's inspection booth on the casino floor (along with the notification card). Your license will be mailed within seven days. This process applies to casino/key employees obtaining a renewal, or a temporary or initial license/registration of another category; a casino service employee obtaining a temporary or plenary license; a temporary licensee obtaining a temporary renewal or plenary license/registration. Contact your licensing department for details or you may call a renewal section representative at 609-441-3017 or email at kkindle@ccc.state.nj.us.

FIVE MONTH FILING DEADLINE

All applications for the renewal of an employee license must be filed with the Commission no later than the last day of the month which is five months prior to the expiration of their current license. Any licensee who does not renew their license by this deadline will have to apply for a new license and pay the initial license application fee (\$350.00 for a 3-year license). The licensee will not be permitted to work after the expiration of their current license unless the new license is issued.

RENEWAL LICENSE DOWNGRADE

Casino employee renewal applicants are permitted to modify their license to a casino service employee registration at the time of renewal. You must submit the Application to Downgrade Employee License form (in lieu of a Personal History Disclosure Form 4A) along with the \$60 registration fee. A casino-hotel must petition for the registration on your behalf. You may contact the renewal section for details on the filing requirements or email at kkindle@ccc.state.nj.us.